

Patient Information

Nutrition and Dietetics

Dietary advice following oesophagectomy

This information is for patients who have had surgery to their upper gastrointestinal system.

What is an oesophagectomy?

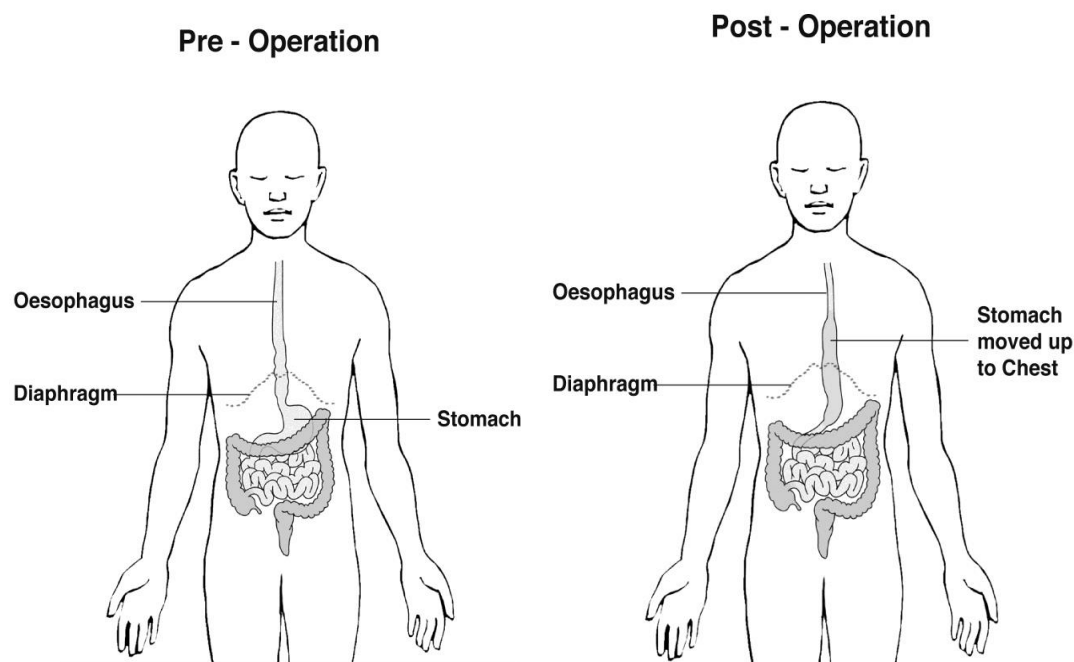
The operation to remove a part of your oesophagus (gullet), depending on the size and position of the tumour, is called an oesophagectomy.

The operation may also involve removing a part of your stomach - this is called an 'oesophago-gastrectomy'. This means that your stomach may be smaller and higher up in your chest where it's pulled up to join your oesophagus.

Your operation will involve the cutting of the vagus nerve - this is called a vagotomy. A vagotomy can result in changes to the emptying of your stomach and stop you feeling hungry.



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Eating after an oesophagectomy

You may experience problems with your eating. These happen because your stomach is smaller and has been stretched higher up your chest.

Feeling full

Feeling full quickly is one of the main symptoms you will experience, especially in the first few weeks after your surgery.

- You will need to eat little and often.
- Increase the size of your portions gradually. This will help you get used to how much you can manage comfortably. Aim for 5 to 6 small meals/snacks per day (see meal ideas).
- Eat slowly and chew your food well.
- Use a smaller plate for meals to prevent over-eating.
- Save your pudding until later when you feel less full.
- Very high fibre foods may make you feel uncomfortably full e.g. wholemeal bread, whole-wheat pasta, green salads, beans, pulses.
- Try not to drink during your meal or straight after. This will help you not feel too full.

What types of food should I be eating?

A few days after your operation you can start on liquids, and gradually build up to a soft diet.

You have been advised to follow a diet of moist, soft foods for the next 4 weeks. You shouldn't need to puree or liquidise your food, but **your food should be soft enough to mash with a fork**. Adding extra gravy or sauces may make it easier to chew and swallow your meals.

Avoid bread and toast, as well as tough meat such as steak or chops.

Try to have a variety of different foods each day. No one food group has all the nutrients needed to maintain health.

Meal ideas

The following soft foods are suitable in the first few weeks after your surgery.

Breakfasts

- Porridge, Ready Brek or other instant oat cereal
- Weetabix, Cornflakes, Rice Krispies, Branflakes softened well with milk
- Yogurt or fromage frais
- Scrambled, poached, or boiled egg with tinned chopped tomato
- Skinless sausage and baked beans
- Soft fruit such as tinned peaches, stewed apple, mashed banana.

Light meals

- Soup – make up packets with milk instead of water and add cream, skimmed milk powder.
- Omelettes, plain or with cheese
- Poached, scrambled or boiled egg with baked beans or tinned plum tomatoes
- Tinned pasta such as spaghetti in tomato sauce, ravioli, macaroni

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cheese with grated cheese

- Jacket potato without the skin with one of the following fillings:
 - Cream cheese or grated hard cheese
 - Sardines or pilchards (remove any bones)
 - Tuna or mashed hard boiled eggs mixed with mayonnaise
 - Baked beans
- Crackers/crisp breads like Tuc® biscuits, Cheddars® with moist toppings such as:
 - cheese spread, tuna/egg mayonnaise, smooth peanut butter, hummus, mashed avocado, pate, taramasalata

Main meal ideas

- Corned beef hash and gravy
- Shepherd's or cottage pie
- Faggots and gravy
- Fisherman's pie
- Fish in sauce
- Stew or casseroles or curries using minced beef, lamb, pork, chicken, or well-cooked root vegetables
- Finely chopped chicken or vegetables cooked in a jar or packet of sauce, crème fraiche, fromage frais, or condensed soup
- Cheese and potato bake
- Cauliflower cheese (well-cooked) or macaroni cheese
- Spaghetti bolognese, lasagne or soft meatballs
- Lentil dhal or aloo gobi
- Risotto

Serve with mashed potato, mashed sweet potato or parsnip, jacket potato without the skin, or soft roast potato (soaked in gravy) together with vegetables. These can be any well-cooked root vegetables:

- broccoli, cauliflower, sprouts, marrow, courgette, sautéed onion or tinned tomatoes.

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Puddings/ Snack Ideas

- Jelly or milk jelly (use evaporated milk or nutritional supplements i.e., Fortisip instead of water)
- Rice pudding, semolina, sago, custard
- Mousse, Instant Whip, Fruit fool, Trifle, Thick & Creamy yogurts, Crème caramel
- Tinned sponge pudding or swiss roll and custard
- Chocolate gateau, dairy cream sponge
- Ice cream, sorbet, frozen yoghurt
- Tinned, stewed or soft fresh fruit with custard, cream, evaporated milk, or ice cream
- Biscuits dunked in hot drinks to help soften them
- Jaffa cakes
- Soft chocolate or fudge
- Bowl of cereal with hot or cold milk
- Crisps such as Quavers®, Skips®
- Square of cheese

Getting back to a normal diet

After the initial soft diet period, you should be able to eat a balanced diet and include your usual foods. You just need to make sure that you're eating small, frequent meals and snacks. Make sure these provide enough calories and nutrients to help you maintain a healthy weight.

What if I have a small appetite and I am losing weight?

It's quite common for you to lose weight as your body adapts to the surgery and you get used to your new eating pattern.

If your appetite remains poor, or you aren't able to maintain your weight, the following ideas may be useful:

Enriching your food and drinks

Fortified milk

Use in place of milk or water to make coffee, hot chocolate, packet soups, milk puddings, custard, cereals and sauces

Ingredients:

- 1 pint full cream milk
- 2 to 4 tablespoons skimmed milk powder
- Whisk together and refrigerate until used.

Double cream, evaporated milk, ice cream

- Add to milkshakes
- Use cream or evaporated milk in sauces, soups, mashed potato, cereals, custard, puddings, or on jellies.

Cream cheese / cheese spread

- Try to use the full-fat varieties
- Add to mashed potatoes, soup, white sauces or vegetables

Sugar, syrup, honey or seedless jam

- Add to suitable cereals and puddings, such as rice puddings and custard.

Yoghurt

- Use full-fat, smooth or thick and creamy varieties
- Add to pureed fruit or use to make yoghurt drinks.

Butter, margarine, oil, salad cream or mayonnaise

- Add to mashed potato, tinned tuna, mashed boiled eggs or use butter or oil to fry soft foods.

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Drink nutritious beverages between your meals. Try milk, hot chocolate, Complan® or Meritene® shakes (available from the chemist or supermarket). A malted milky drink like Ovaltine or Horlicks may be a useful supper snack.

You could try a small amount of alcohol, such as sherry or whisky, before meals to help increase your appetite. If you are taking any medications, please check with your doctor that it's OK to have alcohol.

Nutritional supplement drinks

If you cannot eat enough food to maintain your body weight, your dietitian may suggest you try a sip feed. These help to improve your nutritional intake and help you gain weight. They should not replace meals or snacks unless your appetite is very poor.

Your dietitian will advise your GP to prescribe these if needed.

Jejunostomy tube feeding at home

We use the feeding tube placed into your small bowel during your surgery to deliver nutrition, fluid and in some cases medications.

Why do I need it?

When you start to eat and drink after surgery, you can feel full quite quickly or just not have an appetite. It takes time for your body to adapt to its new anatomy. Having an overnight feed through your jejunostomy feeding tube allows you to build up your diet at your own pace.

Your jejunostomy feeding tube can provide the energy and protein you might struggle to get through diet alone. It can also prevent some of the symptoms related to over-eating such as abdominal pain, bloating and reflux.

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Before discharge from hospital, our nutrition nurses will teach you and any family members or friends how to set up your pump feed. Your dietitian will provide you with a feeding regime for home, and advise you on:

- the type of feed
- how to build up the feeding rate
- any extra water flushes required

If you need any more training or advice when you get home, we can arrange for your local community nutrition nurse to contact you or make a home visit.

How will I get supplies of the feed and equipment?

Your dietitian will provide 7 days of the required feed and the feeding equipment such as the pump and portable stand. This is to get you started tube feeding when you are discharged home.

With your permission, a company called Homeward will then deliver your supplies monthly. Your first delivery may be just a 2-week supply to make sure you're tolerating the feed.

What if the feed is upsetting me?

The feed is generally well-tolerated. However, if you have any problems such as bloating, discomfort or diarrhoea whilst on the feed, contact your dietitian for more advice. It may be due to the feeding rate, type of feed, or other causes unrelated to the feed such as constipation, medications.

We do not recommend that you syringe any feed or supplements into your feeding tube, other than water flushes. This method of feeding into the small bowel is often poorly tolerated.

How long will I need my jejunostomy feed for?

This will depend on how well you're eating and if you can maintain your weight, or at least prevent significant weight loss, after your operation. For some people, this can take weeks or months depending on if any more treatment is needed, like chemotherapy or radiotherapy.

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Your dietitian will review you regularly and advise you on reducing your feed.

Remember, you can also use the tube to give extra sterile water flushes if you struggle to drink enough.

When the dietitian is happy that you are eating enough to meet your nutritional requirements without the feed, the surgeon will arrange for the tube to be removed under local anaesthetic. The tube will not be removed for at least 3 months after your surgery, even if you aren't using it for feeding.

The feeding company will then arrange to collect your feeding equipment and any remaining feed.

Vitamin and mineral supplements

After surgery to your stomach or gullet (oesophagus), it'll be more difficult to absorb all the vitamins and minerals you need to keep healthy. This can be due to the direct effects of the surgery and also some of the medications that you may be taking. We recommend a daily complete vitamin and mineral supplement.

Make sure that the supplement you choose is 'complete' and contains the full range of vitamins and minerals including iron (at least 14mg per tablet). Here are some examples of suitable vitamin and mineral tablets:

- Forceval or Forceval soluble
- Lloyds pharmacy A-Z Complete
- Superdrug A-Z Multivitamin and Mineral
- Sanatogen A-Z complete
- Boots A-Z Multivitamin and Mineral
- Tesco A-Z Multivitamin and Mineral

If you're on an overnight jejunostomy feed, you won't need to start taking a vitamin and mineral supplement until this has stopped.

Other possible side effects of surgery

Diarrhoea

Loose, watery stools can be a problem for some people after this type of surgery. Diarrhoea can last for the first few months after the operation.

- This is unlikely to be due to any particular food you eat. Try not to exclude foods from your diet unless a certain food repeatedly causes these symptoms.
- Ask your doctor about antidiarrhoeal medication if the problem persists.
- Drink plenty of fluid to replace any lost as diarrhoea. This will prevent you from becoming dehydrated.
- Another leaflet titled '[Diet and cancer care: diarrhoea](#)' is available. Ask your dietitian for a copy.
- If you regularly pass very pale/yellow/oily stools, contact your specialist nurse or dietitian for advice.

Heartburn

This can result from a backflow of stomach acid and juices into the oesophagus (gullet). This can cause soreness and inflammation. You can reduce this by:

- Sitting upright during meals.
- Avoid bending or lying down for 45 minutes after eating.
- Avoid eating or drinking late in the evening.
- Sleep propped up with 2 to 3 pillows under your head.
- Avoid tight clothing and belts.

Dumping syndrome

This can occasionally happen after surgery when part of your stomach and vagus nerve are removed. It happens when the food in the remaining stomach is “dumped” too quickly into the intestine. Your stomach normally acts like a reservoir to let your food into the intestine slowly.

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There are two types of dumping:

- Early: which usually happens within 30 minutes of eating.
- Late: which can happen 2 to 3 hours after eating.

Early dumping (within 30 minutes of eating)

Causes:

This is the most common form of dumping after oesophageal/gastric surgery. It happens when food quickly enters the small intestine - this high concentration of food draws water from the surrounding tissues. This results in a drop in blood pressure and increased blood flow to the small intestines.

If you have any of these symptoms, discuss them with your doctor:

- Nausea and vomiting
- Abdominal cramps
- Abdominal pain followed by diarrhoea
- Feeling warm
- Shortness of breath
- Weak, dizzy, sweating
- High pulse rate
- Anxiety
- Fainting
- Decreased blood pressure

You can reduce symptoms by:

- Sitting or lying down for 15-30 minutes after eating until symptoms pass
- Chewing well and eating slowly.
- Eating 5 or 6 small meals a day rather than 3 large meals.
- Avoid liquids with meals. You should drink liquids 30 to 60 minutes after a meal.

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- Avoid too much sugar, sugary foods, and drinks. Use an artificial sweetener instead.
- Increasing the fat and protein content of your meals can help slow down the food passing through your gut.

Late dumping (2 to 3 hours after eating or when a meal has been missed)

Causes:

This is less common and happens when the stomach releases a high concentration of carbohydrate into the intestine. This carbohydrate is then broken down into glucose. As this glucose is absorbed into the bloodstream, excess insulin is produced to reduce the blood glucose level.

It's this high insulin level and resulting low blood glucose which causes the symptoms.

If you have any of these symptoms, please discuss them with your doctor:

- Dizziness
- Cold sweats
- Anxiety
- Low blood pressure
- Headache
- Tiredness
- Faintness
- Low blood sugar

You can reduce symptoms by:

- Following the advice for preventing early dumping syndrome.
- Chewing glucose tablets once the dizziness starts may help to reduce the symptoms.

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Swallowing difficulties

If after a few weeks/months of eating normally, you start to experience any swallowing difficulties, like a sensation of food sticking or regurgitation, it may be that the site where your gullet (food tube) was rejoined has 'over-healed'. This can cause a narrowing in the gullet which prevents food and drink from going down normally.

If this is the case, you'll need to have soft, moist foods or even pureed textures to ensure you have enough nutrition.

If your swallow doesn't improve, contact your specialist nurse for more advice. You may need an endoscopy to gently stretch the area of narrowing.

More information

If you have any other questions or require more information, please use the contact details below:

Coventry Dietitians: Telephone: 024 7696 6161

Upper Gastrointestinal Specialist Nurses: Telephone: 024 7696 6475

Cancer Information Centre

Main entrance of University Hospital Coventry, Clifford Bridge Road,
Coventry, CV2 2DX

Telephone: 024 7696 6052

Monday to Friday, 9am to 4pm

Macmillan Cancer Support

www.macmillan.org.uk

The Oesophageal Patients Association:

www.opa.org.uk

6 Whitefields Crescent, Solihull, West Midlands, B91 3NU

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